



# CITY OF DEXTER

8140 Main Street · Dexter, Michigan 48130-1092 · (734) 426-8303 · Fax (734) 426-5614

## FREEDOM OF INFORMATION REQUEST

**Requested by:**

**Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

Please list below the information requested under the Freedom of Information Act, indicating whether this is a request to *visually inspect* or to *receive a copy* of the records. Please provide a detailed and specific request – general requests cannot be fulfilled.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this document, I understand that the City of Dexter may charge me a fee for providing a copy of a public record, including the cost of copying, mailing, searching, examining, reviewing, separating, and deleting exempt information. The fee for processing this request is the pay rate of the lowest paid employee capable of filling this request, plus \$0.25 per copy.

I also understand the City must respond to my request within five (5) business days, starting the day following receipt of the request. The City must grant or deny all or a portion of my request, and/or issue a notice of extension for an additional ten (10) business days. The City may also request a good faith deposit from the person requesting the public record or series of public records, if the estimated fee will exceed \$50.00. The deposit will not exceed ½ of the estimated fee.

**Signature of Requester:** \_\_\_\_\_

**For Office Use:** Date and time received: \_\_\_\_\_

Approved

Denied

Approved in Part

Denied in Part

Date and time requester was contacted regarding FOIA pick-up: \_\_\_\_\_

Date picked up or mailed: \_\_\_\_\_

Cost assessed: \_\_\_\_\_